



MediScan

Ultrasound | Fetal Care | Genetics | Perinatal Pathology

Fetal Echo & Perinatal Cardiac Morphology SYMPOSIUM

Place: Hotel Accord Metropolitan, G.N.Chetty Road, Chennai - 600 017.

Date : 20th & 21st January, 2018

DELEGATE REGISTRATION FORM

- Please fill in all the details. Kindly type or write legibly in BOLD letters
- Kindly use the enclosed self-addressed envelope to send the completed registration form along with the Demand Draft.

DELEGATE'S FULL NAME:

MCI No.:

ADDRESS:

CITY:

ZIP/PINCODE:

STATE:

COUNTRY:

PHONE (RES):

(CLINIC):

FAX:

E-MAIL:

MOBILE:

FOOD PREFERENCE: Veg Non-Veg

Accompanying persons (Accompanying persons will be charged 50% of the registration fee which will include lunch & refreshments only. They will not be allowed into the conference hall. Delegate kit will not be provided.)

Name: _____ M F

Name: _____ M F

REGISTRATION DETAILS

Programme (January 20 th & 21 st , 2018)	Delegate		Post-Graduate
	Early bird Till 30 th November, 2017	Late / Spot From 1 st December, 2017	
Fetal-Echo & Perinatal Cardiac Morphology Symposium (2 Days)	15000	20000	10000

Registration fees is inclusive of 18% GST.

CONTACT

MediScan Systems

No. 197, Dr. Natesan Road, Mylapore, Chennai - 600 004.

Mail: fcmmediscan@gmail.com | Web: www.mediscansystems.org

Mob: +91 - 97910 98998 | Tel: 044 - 2835 0083; 044 - 2835 0087

Please Note:

- Registration will cover 2 Days.
- Students need to provide ID proof & Letter from HOD.
- Registration fee includes Refreshments, Lunch and Delegate kit.
- Delegate kit subject to availability for Spot Registrations.
- Cancellation has to be intimated in writing / mail on or before December 31, 2017.
- Refund of 60% of the amount paid will be given only after February 28, 2018.
- Any cancellation after December 31, 2017 will not be eligible for refund.
- Registration fees mentioned is inclusive of GST.
- NEFT / IMPS Remitters: Once the fund transfer is effected, this application form needs to be submitted to us along with the UTR NO. (given by the Bank), date of transaction and Bank's name to confirm your registration, else your registration will not be completed.

Account Details

Name of Bank : KARNATAKA BANK LTD.,
Branch : CATHEDRAL ROAD BRANCH, CHENNAI - 600 086
Account No. : 4642500102233201
Name of Beneficiary : FEPCMS 2018
IFSC CODE : KARB0000464
MICR NO. : 600052006

Payment to be made by demand draft favouring "FEPCMS 2018" payable @ Chennai

Demand Draft No:

Date:

Issuing Bank:

Rupees:

Date:

Signature of the delegate:

Total Payment Enclosed**For office use only**

DD.No: _____ Date: _____

Issuing bank: _____

Rupees: _____ Receipt: _____

Remarks: _____